

① पागडार्ड डस्क्रिप्ट

② एड्रेस बुक डस्क्रिप्ट - लाइसेन्स, काधार कार्ड, सिटी साफेसक्रिप्ट, जेड आसपुड, आपने क करायी हैयने.

Class of Certificate: Class 2  Individual  Signing  Year  Request Id: 

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Class 3  With Org Name  Encryption  2 Years

**Section 1: Subscriber Details**

Name\*: पागडार्ड उभाणे क नाम लखयुं.

Designation: 

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Date of Birth\*: ०४ ०२ २०१० Gender\*:  Male  Female  Self Attested Photo

Address (Residential address in case of Individual or Organization address in case of DSC with ORG.):  
 Organisation Name\*: आ लागु पस्तु गधी.   
 Door No/Building Name\*: के एड्रेस बुक मां एड्रेस  
 Road/ Street/ Post Office\*: होयने उभाणे क लखयुं.  
 Town/ City/ District\*: 

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 State/ Union Territory\*: 

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 Country\*: 

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 PIN Code\*: ११ पागडार्ड (Blue ink)   
 Telephone Number\* (with STD Code): 

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 Mobile Number\* डस्क्रिप्ट पार्शनो क मोबाइल नं. के एडधी कोरा परने  
 Email id\* डस्क्रिप्ट पार्शनो क ईमेल काडी. एडधी एडर करायी.

**Section 2: Identity Proof Details**

<b>Photo Identity Proof*</b>	<b>Address Proof*</b>
Identity Proof Name (Eg. Pan Card, DL, Passport...) DAN CARD	Address Proof Name (Eg. Passport, DL, Voter Telephone Bill...) के पूर आपो
Identity Proof Number पाग नं. लखयुं	ने पूरुं नाम

Note: Subscriber's signature should appear on the Photo ID Proof.

**Section 3: Declaration**

I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (https://www.safescript.com/pdf/cps.pdf) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber\*: पागडार्ड मां होयने वेची क सही. (डस्क्रिप्ट)   
 Date\*: ०४ ०२ २०१० Place\*: पागडार्ड

Note: Subscriber has to sign before the Authorised LRA/Partner for Class 3 DSC.

**Section 4: Authorisation (only for ORG DSC)**

I, \_\_\_\_\_, acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal\*: 

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**For office use only**

Attestation By Sify Authorised LRA/Partner\* (For Class 3 DSC Only)  
 I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal\*: 

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 Date: ०४ ०२ २०१० Name\*: 

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Note: Safescript at its discretion, will make a telephone call to verify the details of the Subscriber.

Partner Name	A. U. soft care
Sify RA:	
Date of Issuance:	Bhavnagar.